

## **IMPORTANT NEWS ABOUT FLU SHOTS FOR PEOPLE WITH MEDICARE**

Most people with Medicare should get a flu shot. If your regular doctor or provider doesn't have a flu shot available, you can go to any other licensed provider to get your shot. If the provider doesn't take Medicare, and you pay for the shot yourself, get a receipt, and Medicare will pay you back (about \$18). Call 1-800-MEDICARE (1-800-633-4227) to find out where to send your receipt. TTY users should call 1-877-486-2048.

### ***Who should get a flu shot this season?***

The number of flu shots available is limited for this season, so the Centers for Disease Control and Prevention is recommending that certain people be given priority for getting the flu shot. People in the following groups should get a flu shot this season:

- People 65 or older
- Anyone with a chronic condition such as heart or lung disease
- Nursing home residents
- Pregnant women
- Health care workers who provide direct patient care
- Babies and toddlers ages 6-23 months
- Children on aspirin therapy
- Anyone who cares for or lives with babies younger than 6 months

These are people who are at high risk for serious flu complications or are in contact with people at high risk for serious flu complications.

### ***Where can I get a flu shot?***

Contact your local health department or ask your regular doctor or provider about places that might be offering flu shots. You can call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your state health department.

Health departments throughout the United States are trying to make sure that as many high-risk people as possible will eventually be able to get the flu shot. If you can't find a place that is offering flu shots now, keep trying. Some flu shot clinics and doctors' offices might get a supply later.

### ***What can I do if my regular doctor or provider doesn't have flu shots available?***

You can go to any licensed doctor or provider to get a flu shot. If you go to a doctor or provider who participates in Medicare, you will pay nothing for the shot. You can also go to a doctor or provider who doesn't bill Medicare. You will have to pay for the flu shot and then submit a receipt to Medicare to get all or part of your payment back.

### ***If I get a flu shot from a doctor or provider who doesn't bill Medicare, what should I do?***

If you get your flu shot from a doctor or provider who doesn't bill Medicare, you will have to send Medicare a special form and receipt. You can get a receipt from the doctor or provider who gives you the flu shot. Make sure the receipt has the following information on it: the doctor or provider's name, the address, service provided ("flu shot"), the date you got the flu shot, and the amount you paid. To get this form, please see page three of this document.. If you live in ND, please mail your form to Noridian Medicare, 901 40th St. Suite 1, Fargo, ND 58103. If you do not live in ND, please call 1-800-MEDICARE (1-800-633-4227).

### ***How much will Medicare pay?***

Medicare will pay about \$18 for your flu shot if you go to a doctor or provider who doesn't participate in Medicare. This amount varies by State and could be less than a doctor or provider charges you.

### ***I think my doctor or provider charged too much for my flu shot. What should I do?***

If you think your doctor or provider charged an unfair amount for your flu shot, call the Inspector General's hotline at 1-800-HHS-TIPS (1-800-447-8477) and make a complaint.

### ***What can I do if my Medicare Advantage Plan doesn't have flu shots available?***

Call your Medicare Advantage Plan and ask if you can get the flu shot from a doctor or provider outside of the plan's network. Ask how the plan will handle payment for the flu shot in this case.

### ***Why is there a shortage of the flu shot for this season?***

One of the companies that make flu shots was not able to have it available for this flu season. This caused the flu shot supply to be short by almost one half of the expected amount.

### ***If I can't get the flu shot, can I take FluMist instead?***

Most people with Medicare shouldn't take FluMist because it is approved only for people ages 5-49. The only people with Medicare who may take FluMist are healthy disabled persons age 49 or under. You should check with your doctor or other health care provider to see if FluMist is available and if you can take it.

### ***Will getting a flu shot help keep me from getting sick?***

If you get a flu shot there is a chance that you may still get the flu, but your symptoms will be less severe. You need a flu shot every year because flu viruses are always changing. The shot is updated each year for the most current flu viruses.

### ***What other steps can I take to prevent the flu?***

There are other good health habits that can help prevent the flu. To help prevent the flu:

- avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.
- stay home when you are sick, if possible. You will help prevent others from catching your illness.
- cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.
- wash your hands often to help protect yourself from germs.
- avoid touching your eyes, nose or mouth. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

## PATIENT'S REQUEST FOR MEDICAL PAYMENT

**IMPORTANT – SEE OTHER SIDE FOR INSTRUCTIONS**

PLEASE TYPE OR PRINT INFORMATION

MEDICAL INSURANCE BENEFITS SOCIAL SECURITY ACT

NOTICE: Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under Federal law. No Part B Medicare benefits may be paid unless this form is received as required by existing law and regulations (20 CFR 422.510).

1	Name of Beneficiary from Health Insurance Card (Last) (First) (Middle)		SEND COMPLETED FORM TO: Your Medicare Carrier If you need help, call 1-800-MEDICARE (1-800-633-4227)	
2	Claim Number from Health Insurance Card <div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>		Patient's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
3	Patient's Mailing Address (City, State, Zip Code) Check here if this is a new address <input type="checkbox"/> <div></div> <div>(Street or P.O. Box – Include Apartment Number)</div> <div></div> <div>(City) (State) (Zip)</div>		3b	Telephone Number (Include Area Code) ( <div></div> <div></div> <div></div> ) <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
4	Describe the illness or injury for which patient received treatment  Flu Shot (90658/G0008) Attach receipt from the doctor or provider that gave you the flu shot. The receipt should include their name, address, date of flu shot, and amount you paid.		4b	Condition was related to: A. Patient's employment <input type="checkbox"/> Yes <input type="checkbox"/> No B. Accident <input type="checkbox"/> Auto <input type="checkbox"/> Other
			4c	Was patient being treated with chronic dialysis or kidney transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	a. Are you employed and covered under an employee health plan? b. Is your spouse employed and are you covered under your spouse's employee health plan? c. If you have any medical coverage other than Medicare, such as private insurance, employment related insurance, State Agency (Medicaid), or the VA, complete: Name and Address of other insurance, State Agency (Medicaid), or VA office  Policyholder's Name:  Note: If you DO NOT want payment information on this claim released, put an (X) here <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <div>Policy or Medical Assistance No. <div></div></div>	
6	I AUTHORIZE ANY HOLDER OF MEDICAL OR OTHER INFORMATION ABOUT ME TO RELEASE TO THE SOCIAL SECURITY ADMINISTRATION AND CENTERS FOR MEDICARE & MEDICAID SERVICES OR ITS INTERMEDIARIES OR CARRIERS ANY INFORMATION NEEDED FOR THIS OR A RELATED MEDICARE CLAIM. I PERMIT A COPY OF THIS AUTHORIZATION TO BE USED IN PLACE OF THE ORIGINAL, AND REQUEST PAYMENT OF MEDICAL INSURANCE BENEFITS TO ME.  Signature of Patient (If patient is unable to sign, see Block 6 on reverse)		6b	Date signed

## IMPORTANT

**ATTACH ITEMIZED BILLS FROM YOUR DOCTOR(S) OR SUPPLIER(S) TO THE BACK OF THIS FORM**

## HOW TO FILL OUT THIS MEDICARE FORM

Medicare will pay you directly when you complete this form and attach an itemized bill from your doctor or supplier. Your bill does not have to be paid before you submit this claim for payment, but you **MUST** attach an itemized bill in order for Medicare to process this claim.

### FOLLOW THESE INSTRUCTIONS CAREFULLY:

#### A. Completion of this form.

- Block 1. Print your name shown on your Medicare Card (Last Name, First Name, Middle Name).
- Block 2. Print your Health Insurance Claim Number including the letter at the end **exactly** as it is shown on your Medicare card. Check the appropriate box for the patient's sex.
- Block 3. Furnish your mailing address and include your telephone number in Block 3b.
- Block 4. Describe the illness or injury for which you received treatment. Check the appropriate box in Blocks 4b and 4c.
- Block 5a. Complete this Block if you are age 65 or older and enrolled in a health insurance plan where you are currently working.
- Block 5b. Complete this Block if you are age 65 or older and enrolled in a health insurance plan where your spouse is currently working.
- Block 5c. Complete this Block if you have any medical coverage other than Medicare. Be sure to provide the Policy or Medical Assistance Number. You may check the box provided if you do not wish payment information from this claim released to your other insurer.
- Block 6. Be sure to sign your name. If you cannot write your name, make an (X) mark. Then have a witness sign his or her name and address in **Block 6** too. If you are completing this form for another Medicare patient you should write (By) and sign your name and address in **Block 6**. You also should show your relationship to the patient and briefly explain why the patient cannot sign.
- Block 6b. Print the date you completed this form.

#### B. Each itemized bill **MUST** show all of the following information:

- Date of each service
- Place of each service

Doctor's Office	Independent Laboratory	Outpatient Hospital
Nursing Home	Patient's Home	Inpatient Hospital
- Description of each surgical or medical service or supply furnished.
- Charge for EACH service.
- Doctor's or supplier's name and address. Many times a bill will show the names of several doctors or suppliers. IT IS VERY IMPORTANT THE ONE WHO TREATED YOU BE IDENTIFIED. Simply circle his/her name on the bill.
- It is helpful if the diagnosis is also shown on the physician's bill. If not, be sure you have completed **Block 4** of this form.
- Mark out any services on the bill(s) you are attaching for which you have already filed a Medicare claim.
- If the patient is deceased, please contact your Social Security office for instructions on how to file a claim.
- Attach an Explanation of Medicare Benefits notice from the other insurer if you are also requesting Medicare payment.

## COLLECTION AND USE OF MEDICARE INFORMATION

We are authorized by the Centers for Medicare & Medicaid Services to ask you for information needed in the administration of the Medicare program. Authority to collect information is in section 205(a), 1872 and 1875 of the Social Security Act, as amended.

The information we obtain to complete your Medicare claim is used to identify you and to determine your eligibility. It is also used to decide if the services and supplies you received are covered by Medicare and to insure that proper payment is made.

The information may also be given to other providers of services, carriers, intermediaries, medical review boards, and other organizations as necessary to administer the Medicare program. For example, it may be necessary to disclose information to a hospital or doctor about the Medicare benefits you have used.

With one exception, which is discussed below, there are no penalties under Social Security law for refusing to supply information. However, failure to furnish information regarding the medical services rendered or the amount charged would prevent payment of the claim. Failure to furnish any other information, such as name or claim number, would delay payment of the claim.

It is mandatory that you tell us if you are being treated for a work related injury so we can determine whether worker's compensation will pay for the treatment. Section 1877(a)(3) of the Social Security Act provides criminal penalties for withholding this information.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0008. The time required to complete this information collection is estimated to average 16 minutes per response, including the time to review instructions, searching existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.